

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services**

**Health Resources and Services Administration  
Bureau of Primary Health Care**

**Guidance for Applicants (GFA) No. SM 02-013  
Part I - Programmatic Guidance**

**SAMHSA/HRSA Collaboration to Link Health Care for the Homeless Programs  
and Community Mental Health Agencies**

**Short Title: HCH/CMHA Collaboration Project  
Application Due Date: **June 19, 2002****

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**Table of Contents**

Agency . . . . .	1
Action and Purpose . . . . .	1
Program Goals . . . . .	1
Who Can Apply? . . . . .	2

Program Overview . . . . .	3
Activities Supported by the Award–Program Grants . . . . .	4
Activities Supported by the Award–Evaluation Center Grant . . . . .	6
Application Kit . . . . .	6
Where to Send the Application . . . . .	7
Application Date . . . . .	7
How to Get Help . . . . .	7
Funding Criteria . . . . .	8
Post-award Requirements . . . . .	8
Detailed Information on What to Include in Your Application . . . . .	10
Face Page . . . . .	10
Abstract . . . . .	10
Table of Contents . . . . .	10
Budget Form . . . . .	10
Project Narrative and Supporting Documentation . . . . .	11
Appendices 1 through 5 . . . . .	12
Assurances . . . . .	12
Certifications . . . . .	12
Disclosure of Lobbying Activities . . . . .	12
Checklist . . . . .	12
Project Narrative/Review Criteria–Sections A through E Detailed . . . . .	12
Project Narrative/Review Criteria for Program Grant Applicants . . . . .	13
Section A: Rationale for the Project . . . . .	13
Section B: Building Collaboration . . . . .	13
Section C: Services Implementation . . . . .	14
Section D: Evaluation of the Local Program . . . . .	15
Section E: Management Plan, Staff, Equipment, Facilities, and Resources . . . . .	15
Project Narrative/Review Criteria for Evaluation Center Grant Applicants . . . . .	16
Section A: Understanding of the Problem . . . . .	16
Section B: Cross-site Evaluation Plan . . . . .	16
Section C: Technical Assistance Plan . . . . .	17
Section D: Annual Grantee Meeting Plan . . . . .	18
Section E: Management Plan, Staff, Equipment, Facilities, and Resources . . . . .	18
Confidentiality and SAMHSA Participant Protection . . . . .	19
Appendix A: Guidelines for Assessing Consumer and Family Participation . . . . .	22
Appendix B: CMHS Government Performance and Results Act (GPRA) Client Outcome Measures . . . . .	23
Appendix C: Uniform Data System . . . . .	31

## Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, and the Health Resources and Services Administration, Bureau of Primary Health Care.

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## Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), and the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) announce the availability of fiscal year 2002 funds to support grants under the “SAMHSA/HRSA Collaboration to Link Health Care for the Homeless Programs and Community Mental Health Agencies.” Grants will be used to foster collaborations between Health Care for the Homeless programs (HCH) and community mental health agencies (CMHA) and increase the availability of mental health and primary care services for persons with serious mental illnesses who are homeless.

A total of \$3.1 million will be available for the HCH/CMHA Collaboration Project. Two types of grants will be awarded: (1) Program Grants, and (2) an Evaluation Center Grant:

- c Program Grant awards will be equally divided between HCH programs and CMHAs. Approximately \$1.4 million will be available from HRSA to support 7-9 HCH programs, and approximately \$1.4 million will be available from CMHS to support 7-9 CMHA programs. The average annual

Program Grant award should range from \$150,000 to \$200,000 in total costs (direct and indirect). **Five percent** of the program grant funds **must** be used to evaluate the local program.

- c One Evaluation Center grant will be awarded for approximately \$300,000. The funding for the Evaluation Center will be contributed equally by CMHS, HRSA, and the Assistant Secretary for Planning and Evaluation (ASPE) of the Office of the Secretary (OS) of the DHHS. Actual funding levels will depend on the availability of funds.

Grants to the HCH awardees will be made as supplements to existing grants and administered and monitored by HRSA/BPHC. Grants to community mental health agency awardees and the Evaluation Center awardee will be administered and monitored by SAMHSA/CMHS.

Grants will be awarded for a period of up to 3 years. Annual continuation awards will depend on the availability of funds and progress achieved. After 3 years, Program Grant awardees will be expected to seek other sources of funding to continue program activities.

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## Program Goals

The goals of this initiative are to:

- Foster collaboration, linkages, and partnerships between CMHAs and HCH programs to improve availability of comprehensive mental health, substance

abuse, and primary care services by individuals with serious mental illnesses, including those with co-occurring substance use disorders, who are homeless;

- Increase the capacity of HCH programs and CMHAs to conduct outreach and engagement and to provide mental health and primary care services to individuals with serious mental illnesses, including those with co-occurring substance use disorders, who are homeless;
- Evaluate the effectiveness of HCH programs and CMHAs in establishing collaborations and partnerships between primary health care, mental health services providers, and other services providers.

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## Who Can Apply?

This Guidance for Applicants (GFA) solicits applications for two types of grants: (1) Program Grants, and (2) an Evaluation Center.

Eligibility for the **Program Grants** is limited to the following organizations:

- / Health Care for the Homeless Programs that:
  - Are current recipients of HRSA/BPHC HCH funds.
  - Have an existing partnership with a CMHA, or have the capacity to develop such collaboration.
- / Community Mental Health Agencies that:

- Are private nonprofit community mental health facilities that are licensed, accredited, certified, or chartered by appropriate certification or credentialing bodies to provide mental health services.
- Have an existing partnership with a HCH program, or have the capacity to develop such collaboration.

Eligibility for the Program Grants is restricted to these entities because the HRSA-funded HCH programs are the only primary health centers dedicated to the treatment of persons who are homeless, and the CMHAs are the primary locus for mental health services in communities.

**NOTE:** Applicants for the Program Grants **must** document collaboration between the HCH and the CMHA by providing a letter of commitment from the partner agency to the lead agency. In this letter, the partner agency should provide evidence of an existing partnership and/or agree to collaborate with the lead agency for the purpose of carrying out activities proposed in the application. The letter should be signed by the person in the partner agency with authority to obligate agency resources and should name the person(s) who will be responsible for coordinating their activities under the award. Attach the letter of commitment as Appendix 1. CMHA applicants must attach documentation of licensure, accreditation, or certification as Appendix 2. Applications failing to submit a letter of commitment, and, for CMHA applicants only, evidence of certification, will **not** be reviewed for this award.

Eligible applicants for the **Evaluation Center** award include:

- / States, political subdivisions of States, tribal governments, and other public and private nonprofit entities such as community-based organizations, universities, colleges, faith-based organizations, consumer and family organizations, independent research institutes, and hospitals.

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## Program Overview

For individuals who are homeless, there is an identified need for more effective linkages between mental health and substance abuse services and primary health services. While communities may offer services for people who are homeless, who have mental illnesses, and who have substance use disorders, these services traditionally have been provided by different programs in various agencies that are scattered throughout the community. For people with serious mental illnesses and co-occurring substance use disorders who are homeless, the complexities of navigating the service system, such as figuring out which agencies to contact, filling out numerous and complicated forms, making and keeping appointments, and arranging transportation, can prevent them from getting the services they need.

The HCH program, administered by the BPHC of the HRSA, provides a coordinated, comprehensive approach to meeting the health care needs of persons who are homeless. The program makes grants to community-based organizations to assist them in planning and

delivering high-quality, accessible primary health care and substance abuse services to people who are homeless. The HCH service delivery sites typically include fixed-site health clinics, homeless shelters and soup kitchens, mobile medical units, and street outreach teams.

A number of HCH programs provide some mental health services directly or through referrals, but these services are not required, and HCH programs generally do not have access to the specialized services available through the mainstream mental health system. At the same time, because the mainstream mental health system has not linked well with other services, clients entering through the mental health system do not receive the wide array of other necessary services, including primary care, housing, legal support, entitlements, and other supports critical for people experiencing homelessness. By linking with HCH programs, mental health providers can gain access to these services on behalf of their clients who are homeless, while HCH programs can provide their clients with access to specialized mental health services.

This initiative will pilot two models for integrating the targeted health services of the HCH program with mainstream mental health services at the local level. In the first model, HCH programs will take the lead for initiating collaboration with the community mental health service system and linkages with other community partners. In the second model, CMHAs will take the lead for initiating collaboration with HCH programs and linkages with other community partners. The initiative will be evaluated at the local

program level, as well as from a cross-site perspective. The local program evaluations will determine whether the collaboration between the HCH and CMHA was successfully implemented. The cross-site evaluation of the initiative, conducted by the Evaluation Center, will develop case studies of the local programs that focus on comparing HCHs with CMHAs as the leaders for fostering collaborations. The evaluation will also identify elements of the implementation process associated with establishment of a successful collaboration, such as partnering mechanisms, success of referral links, intensity of services, and plans for sustainability.

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## Activities Supported by the Award--Program Grants

Program grants will be used to develop and evaluate collaborations between HCH programs and CMHAs to increase delivery of mental health and primary care services to persons with serious mental illnesses who are homeless. Funds may be used to support activities associated with establishing viable collaborations between HCH programs and CMHAs and partnerships with other relevant agencies, as well as to expand the capacity of HCH programs to provide mental health services and the capacity of CMHAs to provide access to primary care, as well as enhanced mental health services, to HCH clients. Awardees may choose to use grant funds to build their infrastructure through strategies such as cross-training for staff, or to enhance service capacity, or to adopt some

combination of approaches. Awardees will be expected to provide services with consideration for culture, values, and traditions of the individual and communities being served, taking into account issues of race/ethnicity, gender, age, sexual orientation, disability, and literacy (see Appendix A). Activities to be supported include:

- Services to be provided directly or through referrals to individuals who have serious mental illnesses, including those with co-occurring substance use disorders, including:
  - < Outreach and engagement.
  - < Screening and assessment.
  - < Case management.
  - < Mental health treatment, including management of psychotropic medications.
  - < Primary health care.
  - < Substance abuse treatment.
  - < Supplemental/additional health services, such as oral health care.
  - < Emergency services.
  - < Entitlement eligibility assistance.
  - < Linkages to housing and other supportive services, such as jail diversion and other legal services, education, vocational rehabilitation and employment.
  - < Follow-up and extended care.
- c Supportive strategies for increasing the capacity of HCH programs and CMHAs to provide mental health and primary care services to individuals with serious mental illnesses, including those with co-occurring substance use disorders, who are

homeless, may include activities such as:

- < Colocating HCH and CMHA clinical staff in a single office, clinic, or mobile unit.
  - < Integrating credentialed mental health providers into HCH primary care teams.
  - < Integrating primary care providers into CMHA mental health treatment teams.
  - < Developing cross-training opportunities and providing ongoing supervision to sustain skills application.
  - < Building the capacity of HCH programs to screen for, identify, and assess mental illnesses and co-occurring substance use disorders in consumers who are homeless.
  - < Building the capacity of CMHAs to conduct outreach and engagement strategies to increase access to mental health and substance abuse services for persons who are homeless.
  - < Joint treatment planning between CHC programs and CMHAs.
  - < Providing mental health and integrated substance abuse treatment, services, and follow-up appropriate to client needs.

- c Strategies for developing collaboration, linkages, and partnerships between CMHAs and HCH programs to improve access to mental health and primary care services by the target population, may include activities such as:

- < Identification of a “boundary spanner” or “service integration specialist” to foster collaboration, linkages, and

partnerships between HCH programs and CMHAs.

- < Development of partnerships with housing and other critical agencies to ensure client access to a wide array of support services.
  - < Provision of training, consultation, and technical assistance to HCH programs on the mental health and co-occurring substance abuse treatment needs of people who are homeless and effective strategies for linkage to mainstream community mental health services.
  - < Provision of training, consultation, and technical assistance to community mental health service staff on outreach and engagement approaches to individuals with serious mental illnesses and co-occurring substance use disorders who are homeless to improve their access to treatment, as well as effective strategies for linking to primary health care and other community housing and support services.
- c Evaluation of the effectiveness of the HCH program and CMHAs in establishing collaboration and partnerships between primary health care, mental health services providers, and other services providers may include activities such as:
    - < Services data reporting.
    - < Analysis.
    - < Preparation of reports.

**NOTE:** Five percent of the program grant funds must be used to evaluate the local program.

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## Activities Supported by the Award--Evaluation Center Grant

Applicants for the Evaluation Center grant shall have extensive knowledge of issues related to primary care and mental health service needs of people with serious mental illnesses, including those with co-occurring substance use disorders, who are homeless; have the capacity to design and implement an evaluation of a program having multiple and diverse sites; and have the appropriate complement of staff and resources to analyze the data and disseminate findings from the evaluation.

The Evaluation Center will be responsible for conducting the cross-site evaluation and acting as a consultant to the program grantees in conducting their local program evaluations. In addition, the Evaluation Center will be responsible for mounting the annual grantee meetings to coordinate the efforts of the various local programs. The Evaluation Center grant will support activities such as:

- c Conducting the cross-site evaluation, including, activities such as:
  - < Preparation of materials for review and approval by the Office of Management and Budget (OMB).
  - < Data collection.
  - < Data analysis.
  - < Preparation of reports and dissemination of findings.

- c Providing technical assistance to program grantees in conducting local program evaluations, including activities such as:
  - < Consultation on local program evaluation design.
  - < Data collection.
  - < Interpretation of findings.
- c Conducting the annual grantee meetings, including activities such as:
  - < Preparation of agendas.
  - < Coordination of hotel and travel arrangements.
  - < Maintaining records of meetings.

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## Application Kit

SAMHSA will be the receipt point for **all** applications (i.e., from both HCH programs and CMHAs) and will conduct the review of all applications. **All** applicants must follow the same application procedure. SAMHSA application kits include the two-part grant announcement (also called the Guidance for Applicants, or GFA) and the blank form PHS-5161 (revised July 2000), which includes SF 424, needed to apply for a grant.

The GFA has two parts:

**Part I** - Provides information specific to this grant. It is different for each GFA.  
**This document is Part I.**

**Part II** - Has general policies and procedures that apply to **all** SAMHSA grants and cooperative agreements.



**You will need to use both Part I and Part II to apply for this program.**

**To get a complete application kit, including Parts I and II, you can:**

Call the CMHS  
Knowledge Exchange Network (KEN) at:  
Voice: 1-800-789-2647  
Monday through Friday,  
8:30 a.m. to 5:00 p.m., e.s.t.  
TDD: 866-889-2647  
Fax: 301-984-8796  
E-mail: [ken@mentalhealth.org](mailto:ken@mentalhealth.org)  
Write: P.O. Box 42490  
Washington, D.C. 20015  
Web site: [www.mentalhealth.org](http://www.mentalhealth.org)

or

Download the application kit from the  
SAMHSA web site at [www.samhsa.gov](http://www.samhsa.gov).  
Click on the “grant opportunities” link. Be sure  
to download both parts of the GFA.

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## Where to Send the Application

Effective immediately, all applications **must** be sent via recognized commercial or governmental carrier. Hand-carried applications will **not** be accepted. Send the **signed original and two copies** of your grant application to:

**SAMHSA Programs**  
Center for Scientific Review  
National Institutes of Health  
Suite 1040

6701 Rockledge Drive MSC-7710  
Bethesda, MD 20892-7710\*

\*Change the zip code to 20817 if you use express mail or courier service. If you require a phone number for delivery, you may use (301) 435-0715.

### **Please note:**

- 1) Be sure to type: SM 02-013 and “HCH/CMHA Collaboration Project” in Item Number 10 on the face page of the application form. In addition, indicate whether you are applying for:
  - c A **Program Grant** as a:
    - < Health Care for the Homeless Clinic (P-HCH), or
    - < Community Mental Health Agency (P-CMHA), or
  - c The **Evaluation Center Grant** (EC) in Item Number 10.

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## Application Date

Your application must be **received by June 19, 2002.**

Applications received after this date must have a proof-of-mailing date from the carrier before **June 12, 2002.**

Private metered postmarks are **not** acceptable as proof of timely mailing. Late applications will be returned without review.

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## How to Get Help

### Health Care for the Homeless Program Applicants:

**For questions on program issues  
and grants management issues,  
contact:**

Jean L. Hochron, M.P.H.  
Chief  
Health Care for the Homeless Branch  
Bureau of Primary Health Care  
Health Resources and Services Administration  
4350 East-West Highway, Room 9-6D2  
Bethesda, MD 20814  
(301) 594-4430  
E-mail: [jhochron@hrsa.gov](mailto:jhochron@hrsa.gov)

### Community Mental Health Agency Applicants and Evaluation Center Applicants:

**For questions on program issues,  
contact:**

Pamela J. Fischer, Ph.D.  
Homeless Programs Branch  
Center for Mental Health Services  
5600 Fishers Lane, Room 11C-05  
Rockville, MD 20857  
(301) 443-4569  
E-mail: [pfischer@samhsa.gov](mailto:pfischer@samhsa.gov)

**For questions on grants  
management issues, contact:**

Stephen J. Hudak  
Division of Grants Management  
Substance Abuse and Mental Health Services

Administration  
5600 Fishers Lane, Room 13-105  
Rockville, MD 20857  
(301) 443-443-9666  
E-mail: [shudak@samhsa.gov](mailto:shudak@samhsa.gov)

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## Funding Criteria

Decisions to fund a grant are based on:

1. The overall technical merit of the application, as determined by the Peer Review Committee and concurred to by the Center for Mental Health Services National Advisory Council.
2. The distribution of the awards to one Evaluation Center, with the remaining Program Awards equally divided between HCH programs and CMHAs.
3. A grant limit of no more than two per State, in order to have equitable distribution of SAMHSA grant funds across different areas of the country.
4. Availability of funds.

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## Post-award Requirements

**Program Grant Awardees must:**

1. Comply with the GFA requirements and the Terms and Conditions of Award.
2. Provide financial status reports, as required

in the PHS Grants Policy Statement.

3. Submit an annual report summarizing:
  - < Program activities and progress in implementing supportive strategies, linkage, and partnership strategies.
  - < Changes in key personnel.
  - < Problems encountered in implementation and how they were addressed.
  
  - < Any changes in implementation strategy from that proposed in the GFA.
  - < Description and amount of services provided.
  - < Outcomes from the site evaluation.
  - < Actual expenditures for the year.
  - < Proposed plans for the next budget period.
  - < A proposed budget and budget justification for the next budget year.
4. Submit a final report at the end of the project that includes:
  - < Number of clients served by types of primary care and mental health services.
  - < Summation of project activities and successes in implementing collaboration and linkages.
  - < Findings from the implementation evaluation, including increases in numbers of persons served, housing status, and other relevant outcomes.
  - < Lessons learned.
  - < Implications for services.
5. Submit other reports, as requested by

SAMHSA and HRSA staff.

6. Provide data so that SAMHSA can comply with the Government Performance and Results Act (GPRA) reporting requirements (Appendix B), and so that HRSA's BPHC can comply with the requirements of the Uniform Data System (Appendix C). The GPRA mandates accountability and performance-based management by Federal agencies, focusing on results or outcomes in evaluating effectiveness of Federal activities and on measuring progress toward achieving national goals and objectives. Grantees must comply with GPRA data collection and reporting requirements, including the collection of CMHS Core Client Outcomes (see Appendix B). Grantees are expected to collect baseline GPRA data on all persons served through the grant and 12-month data on a minimum of 80 percent of all clients in the intake sample. Applicants should consider this requirement when preparing the Evaluation Budget Section of the application.
7. Budget for costs for up to two persons per site to attend annual 2-day meetings to be held in the Washington, D.C., area.

**The Evaluation Center Awardee must:**

1. Comply with the GFA requirements and the Terms and Conditions of Award.
2. Provide financial status reports, as required in the PHS Grants Policy Statement.

3. Submit an annual report summarizing:

- < Activities and progress in implementing the evaluation plan.
- < Changes in key personnel.
- < Problems encountered in implementation and how they were addressed.
- < Any changes in implementation strategy from that proposed in the

GFA.

- < Outcomes from the cross-site evaluation.
- < Actual expenditures for the year,
- < Proposed plans for the next budget period.
- < A proposed budget and budget justification for the next budget year.

4. Submit a final report at the end of the project that includes:

- < Findings from the cross-site evaluation, including a comparison of the two models of collaboration and other relevant outcomes.
- < Lessons learned.
- < Implications for services.

5. Submit other reports, as requested by SAMHSA and HRSA staff.

6. Coordinate the collection of data from the local program sites, so that SAMHSA can comply with GPRA reporting requirements, and so that HRSA's BPHC can comply with the requirements of the Uniform Data System.

7. Organize annual 2-day meetings of the

Program Grantees, Evaluation Center, and Federal staff, to be held in the Washington, D.C., area.

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## Detailed Information on What to Include in Your Application

In order for your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

' **1. FACE PAGE**

Use Standard Form 424, which is part of the PHS 5161-1 (revised July 2000). See Appendix A in Part II of the GFA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

' **2. ABSTRACT**

Your total abstract should be no longer than 35 lines. In the **first five lines or less** of your abstract, write a summary of your project that can be used in publications, reports to

Congress, or press releases, if your project is funded.

' **3. TABLE OF CONTENTS**

Include page numbers for each major section of your application **and** for each appendix.

' **4. BUDGET FORM**

Use Standard Form 424A, which is part of the PHS 5161-1 (revised July 2000). See Appendix B in Part II of the GFA for instructions.

' **5. PROJECT NARRATIVE  
AND SUPPORTING  
DOCUMENTATION**

The **Project Narrative** describes your project. It comprises Sections A through E. These sections may be no longer than **25 pages**. More detailed information about Sections A through E follows #10 of this checklist.

**Project Narrative for Program Grants:**

**G Section A** - Rationale for the Project

**G Section B** - Building Collaboration

**G Section C** - Services Implementation

**G Section D** - Evaluation of the Local Program

**G Section E** - Management Plan, Staff, Equipment, Facilities, and Resources

**Project Narrative for Evaluation Center Grants:**

**G Section A** - Understanding of the Problem

**G Section B** - Cross-site Evaluation Design

**G Section C** - Implementation Plan

**G Section D** - Data Collection, Analysis, and Dissemination of the Findings

**G Section E** - Management Plan, Staff, Equipment, Facilities, and Resources

**Supporting documentation** for your application should be provided in Sections F through I. There are no page limits for these sections, except for Section H, the Biographical Sketches/Job Descriptions.

**G Section F** - Literature Citations

This section must contain complete citations, including titles and all authors for any literature you cite in your application.

**G Section G** - Budget Justification, Existing Resources, Other Support

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project.

**G Section H** - Biographical Sketches and Job Descriptions

**C** Include a biographical sketch for the project director and for other key positions. Each sketch should be no longer than **two pages**. If the person has been recruited, but not hired, include a letter of

commitment from that individual with a biographical sketch.

- c Include job descriptions for key personnel. They should not be longer than **one page**.
- c *Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.*

**G Section I- Confidentiality and SAMHSA Participant Protection (SPP)**

The seven areas you need to address in this section are outlined after the Project Narrative description in this document.

**' 6. APPENDICES 1 THROUGH 5**

- c Use only the appendices listed below.
- c Do **not** use appendices to extend or replace any of the sections of the Program Narrative, unless specifically required in this GFA. (Reviewers will not consider them if you do.)
- c Do **not** use more than **20 pages** (plus all instruments) for the appendices.

**Appendix 1:** Letter of Commitment

**Appendix 2:** Letter of Certification for CMHAs

**Appendix 3:** Letters of Commitment from Consultants and Subcontractors

**Appendix 4:** Data Collection Instruments/Interview Protocols

**Appendix 5:** Sample Consent Forms

**' 7. ASSURANCES**

Non-Construction Programs. Use Standard form 424B found in PHS 5161-1 (revised July 2000).

**' 8. CERTIFICATIONS**

See Part II of the GFA for instructions.

**' 9. DISCLOSURE OF LOBBYING ACTIVITIES**

Please see Part II of the GFA for lobbying prohibitions.

**' 10. CHECKLIST**

See Appendix C in Part II of the GFA for instructions.

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## **Project Narrative/Review Criteria—Sections A Through E Detailed**

**Sections A through E are the Project Narrative/Review Criteria of your application. They describe what you intend to do with your project.** Below you will find detailed information on how to respond to Sections A through E. There are two sets of instructions for responding to Sections A through E. The first set applies to applications for **Program Grants**. The second set applies to applications for the **Evaluation Center**. For **both** types of applications, Sections A through E may **not** be longer than 25 pages.

Your application will be reviewed against the requirements described below for Sections A through E:

- c A peer review committee will assign a point value to your application based on how well you address **each** of these sections.
- c The number of points after each main heading shows the **maximum number of points** a review committee may assign to that category.
- c Bullet statements do **not** have points assigned to them. They are provided to invite attention to important areas within the criterion.
- c Reviewers will also be looking for evidence of cultural competence in **each** section of the Project Narrative. Points will be deducted from applications that do not adequately address the cultural competence aspects of the review criteria. SAMHSA's guidelines for cultural competence are included in Part II of the GFA.

## **Project Narrative/Review Criteria/ for Program Grant Applicants**

### **Section A: Rationale for the Project (15 points)**

- c Describe the need for the proposed program in terms of:
  - < Characteristics of the local service system, including primary health, mental health, substance abuse, housing, and

- other social and supportive services.
- < Services currently provided by the partner HCH and CMHA.
- < Gaps in services and barriers to care.
- < Estimated unmet need.
- < Projected numbers to be served by the program.

- c Describe the local target service population in terms of:
  - < Numbers and sociodemographic characteristics, including age, gender, sexual orientation, disability, and racial/ethnic background of individuals with serious mental illnesses and co-occurring substance use disorders who are homeless.
  - < Special population groups to be served.
  - < Characteristics of the client populations currently served by the partner HCH and CMHA.
- c Indicate the likely impact of the proposed program on the existing mental health and primary care services environment and potential adverse consequences of not implementing the proposed program.

### **Section B: Building Collaboration (25 points)**

- c Identify the partner agency, and describe its current structure and mission, including:
  - < History of collaboration.
  - < Current partnerships and linkages to relevant supportive services.
  - < Resources.
  - < Staff.

< Services complement.

C Describe the plan for achieving or enhancing collaboration between the partner agencies, including:

- < Responsibilities of staff.
- < Authority and communication.
- < Structure of the collaboration.

C Describe service collaboration, linking, and partnership activities, such as:

- < Strategic planning.
- < Identification of a dedicated staff member, or “boundary spanner,” to coordinate linkages across agencies.
- < Cross-training of staff.
- < Colocation of services.
- < Creation of novel funding mechanisms, such as new payment streams, pooled or joint funding, flexible funding, and special waivers.
- < Development of uniform applications, eligibility criteria, and intake assessments.
- < Development of interagency service delivery teams.

C Describe the relationship of the applicant agency with the local Department of Housing and Urban Development (HUD) Continuum of Care process.

C Provide evidence of commitments from other relevant organizations or proposed collaborators in support of the proposed project.

C Identify potential partner agencies, and describe how partnerships with other

agencies will be developed, including:

- < Identification of planning and service partnerships and development of coalitions.
- < Development of interagency agreements and memoranda of understanding.

C Discuss potential barriers to collaboration and strategies for overcoming them, including issues such as:

- < Financing.
- < Service delivery locations.
- < Staff training.
- < Compatibility of management information systems (MIS) and confidentiality issues.
- < Agency “culture” and “turf” issues.

### **Section C: Services Implementation (25 points)**

C Discuss how the program will address the overall goals of the HCH/CMHA Collaboration Project as described in the GFA.

C Indicate which services will be provided, and describe strategies for providing services, including location, financing, and assignment of agency/staff responsibilities for services such as:

- < Outreach and engagement.
- < Screening and assessment.
- < Case management.
- < Mental health treatment, including management of psychotropic



- medications.
  - < Primary health care.
  - < Substance abuse treatment.
  - < Supplemental/additional health services, such as oral health care.
  - < Emergency services.
  - < Entitlement eligibility assistance.
  - < Linkages to housing and other supportive services, such as jail diversion and other legal services. education, vocational rehabilitation and employment.
  - < Follow-up and extended care.
- C Provide a time line for implementation, and provide a flow chart for program activities.
  - C Provide a plan for sustaining the HCH/CMHA collaboration after cessation of Federal grant funding of the program.
  - C Describe how consumers and other stakeholders contributed to designing the proposed collaboration and how they will be involved in its implementation.
  - C Describe plans for ensuring cultural appropriateness of the program, including the participation of consumers in the planning and implementation activities of the program.
- Section D: Evaluation of the Local Program (15 points)**
- C Describe plans for evaluating the implementation of the collaboration, linkages, and partnerships, including:
    - < Adherence to the projected time line.
    - < Barriers to implementation.
    - < Resolutions of problems encountered.
  - C Describe the plan for evaluating program outcomes, including:
    - < Partnerships and linkages formed.
    - < Number of clients served.
    - < Type and number of services provided.
    - < Referrals and enrollments in services.
    - < Length of time patients are maintained in treatment.
    - < Number of clients placed in housing.
    - < Use of CMHS GPRA core client outcome measures.
    - < Staff training provided.
  - C Describe evaluation methods and sources of data for the local program evaluation, including:
    - < Evaluation design.
    - < Qualitative and quantitative approaches.
    - < Use of MIS and assurance of confidentiality.
  - C Describe how consumers and other stakeholders will be included in designing and implementing the evaluation.
  - C Describe how the proposed evaluation plan is sensitive to age, gender, sexual orientation, race/ethnicity, and other cultural factors related to the target population, and, as appropriate, to the community to be served.

#### **Section E: Management Plan, Staff,**

## **Equipment, Facilities, and Resources (20 points)**

- C Describe the qualifications and experience of the key personnel in the lead and partner agencies, including:
  - < Project director.
  - < “Boundary spanner.”
  - < Service providers.
  - < Evaluator.
  - < Analytic and data management staff.
  - < Consumer representatives.
  - < Other key personnel, as appropriate.
- C Provide evidence of the capability, experience, and commitment of proposed consultants and subcontractors, as appropriate, including letters of commitment.
- C Demonstrate the feasibility of accomplishing the project in terms of:
  - < Management plan.
  - < Time frame.
  - < Availability of service providers.
  - < Adequacy and appropriateness of skills in project staff.
  - < Adequacy and availability of resources (e.g., staffing, facilities, equipment, cooperating agencies).
- C Provide a time line for the implementation of the collaboration, linkages, and partnerships that includes:
  - < Strategic planning.
  - < Hiring and training.
  - < Activities.

< Other critical steps of the process.

- C Demonstrate that the staff is representative of or sensitive to the diversity of the target population, i.e., sensitive to age, gender, race/ethnicity, and other cultural factors related to the target population, and, as appropriate, to the community to be served.
- C Describe your plans for conducting cultural competence training specific to the target population, including the components of the training curriculum, credentials of trainer(s), target staff, incorporation into programs, and use as criteria for retention and/or promotion.
- C Describe how you plan to serve persons with limited English proficiency, including:
  - < Need for interpreters on staff.
  - < Training of interpreters in homelessness, mental health, and substance abuse issues.

**NOTE:** Although the **budget** for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget appropriateness after the merits of the application have been considered.

## **Project Narrative/Review Criteria/ for Evaluation Center Grant Applicants**

### **Section A: Understanding of the Problem (15 points)**

- C Demonstrate familiarity with homelessness in terms of:
  - < Numbers and sociodemographic characteristics of individuals with serious mental illnesses and co-occurring substance use disorders who are homeless.
  - < Patterns of services use, needs, and barriers to care.
  - < Regional differences.
- C Identify critical issues related to evaluating the proposed program, including:
  - < Characteristics of current HCH and CMHA services programs.
  - < Potential barriers to the evaluation.
- C Indicate the potential impact of the findings of the proposed evaluation on the existing national mental health and primary care services environment, including beneficial outcomes at both the individual and the system level.

## **Section B: Cross-site Evaluation Plan**

**(30 points)**

- C Discuss how the cross-site evaluation design will address the overall goals of the HCH/CMHA Collaboration Project as described in this GFA.
- C Provide specific evaluation questions to be examined.

- C Describe evaluation methods to be employed, including:
  - < Case studies.
  - < Qualitative approaches.
  - < Quantitative approaches.
- C Describe specific plans for evaluating multiple program sites, including:
  - < Data collection.
  - < Domains of interest and appropriate measures.
  - < Communication with sites.
  - < Methods for dealing with program differences in approach, population, resources, and service systems.
  - < Coordination with the local program evaluations.
- C Discuss plans for assessing the impact of the lead agency (i.e., HCH vs. CMHA) on the success of the collaboration.
- C Provide a time line for implementation and a flow chart for program activities.
- C Discuss the logistics for implementing the evaluation plan, including:
  - < Schedule for visiting sites.
  - < Coordination of data collection.
  - < Communications with program sites.
- C Discuss plans for developing the materials for submission for OMB review and approval, including:
  - < Prior experience with OMB package preparation.
  - < Time line for submission.

- < Staff responsible.

- C Describe plans for collecting data from all program sites and maintaining a data repository under conditions of confidentiality, including:

- < Sources of data.
- < Data management and quality control.
- < Training of records reviewers, as appropriate.

- C Describe plans for coordinating the reporting of GPRA data.

- C Describe the analytic methods and techniques to be used, including advantages and disadvantages of pooling data across the program sites.

- C Describe plans for preparing interim and final reports, conference presentations, publications, and other means of disseminating the program findings.

- C Describe how consumers and other stakeholders will be included in designing the evaluation, participating in the implementation, and interpreting and disseminating the findings.

### **Section C: Technical Assistance Plan (20 points)**

- C Describe plans for providing technical assistance and consultation to local program evaluators.
- C Describe the implementation plan for

providing technical assistance.

- C Provide a time line for implementation and a flow chart for program activities.

- C Discuss the communication and coordination of activities for providing technical assistance to local programs, including:

- < Schedule for visiting sites.
- < Coordination of data collection.
- < Communications with program sites.

### **Section D: Annual Grantee Meeting Plan (15 points)**

- C Discuss plans for holding annual 2-day meetings in the Washington, D.C., metropolitan area of the program sites, including:

- < Hotel selection.
- < Travel coordination and other logistics.
- < Budget.
- < Preparation of agenda and meeting materials.

### **Section E: Management Plan, Staff, Equipment, Facilities, and Resources (20 points)**

- C Describe the qualifications and experience of the key evaluation personnel, including:

- < Evaluator.
- < Project director.
- < Analytic and data management staff.
- < Administrative staff.

- < Other key personnel as appropriate.
- C Describe the experience of the applicant organization with similar projects and populations.
- C Provide evidence of the capability, experience, and commitment of proposed consultants and subcontractors, as appropriate, including letters of commitment (Attach as Appendix 3).
- C Demonstrate the management plan for accomplishing the project in terms of:
  - < Organizational structure.
  - < Time frame.
  - < Complementarity of skills in project staff.
  - < Adequacy and availability of resources (e.g., staffing, facilities, equipment, consultants).
- C Demonstrate that the staff is representative of or sensitive to the diversity of the target population, i.e., sensitive to age, gender, sexual orientation, race/ethnicity, and other cultural factors related to the target population.

**NOTE:** Although the **budget** for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget appropriateness after the merits of the application have been considered.

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## Confidentiality and SAMHSA Participant Protection

You **must** address seven areas regarding SAMHSA participant protection in your supporting documentation. If one or all of the seven areas are **not** relevant to your project, you **must** document the reasons. No points will be assigned to this section.

This information will:

- 1) Reveal if the protection of participants is adequate or if more protection is needed.
- 2) Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In this section of your application, you will need to:

- C Report any possible risks for people in your project.
- C State how you plan to protect them from those risks.
- C Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following seven issues **must** be discussed:

### Ø Protection of Clients and Staff from Potential Risks:

- C Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse affects.
- C Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- C Describe the procedures that will be

followed to minimize effects of or protect participants against potential risks, including risks to confidentiality.

- c Give plans to provide help if there are adverse effects on participants.
- c Where appropriate, describe alternative treatments and procedures that may be beneficial to the subjects. If you do not use these other beneficial treatments, provide reasons.

#### Ü Fair Selection of Participants:

- c Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background. Address other important factors, such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
- c Explain the reasons for using special types of participants, such as pregnant women, children, people with mental disabilities, people in institutions, prisoners, or persons likely to be vulnerable to HIV/AIDS.
- c Explain the reasons for **including or excluding** participants.
- c Explain how you will recruit and select participants. Identify who will select participants.

#### Ü Absence of Coercion:

- c Explain if participation in the project is voluntary or required. Identify possible reasons why it is required (e.g., court

orders requiring people to participate in a program).

- c If you plan to pay participants, state how participants will be awarded money or gifts.
- c State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

#### Ü Data Collection:

- c Identify from whom you will collect data, such as participants themselves, family members, teachers, and others. Explain how you will collect data and list the sites. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?
- c Identify what, if any, type of specimen (e.g., urine, blood) will be used. State if the material will be used just for evaluation and research or for other uses. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- c Provide in Appendix 4, "Data Collection Instruments/Interview Protocols," copies of **all** available data collection instruments and interview protocols that you plan to use.

#### Ü Privacy and Confidentiality:

- c Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- c Describe:

- S** How you will use data collection instruments.
- S** Where data will be stored.
- S** Who will or will not have access to information.
- S** How the identity of participants will be kept private, such as using a coding system on data records, limiting access to records, or storing identifiers separately from data.

**NOTE:** If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records, according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

#### **Y** Adequate Consent Procedures:

- C** List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- C** State:
  - S** Whether their participation is voluntary.
  - S** Their right to leave the project at any time without problems.
  - S** Risks from the project.
  - S** Plans to protect clients from these risks.
- C** Explain how you will get consent from youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

**NOTE:** If the project poses potential

physical, medical, psychological, legal, social, or other risks, you should get **written**, informed consent.

- C** Indicate whether you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- C** Include sample consent forms in your Appendix 5, "Sample Consent Forms." If needed, provide English translations.

**NOTE:** Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or release your project or its agents from liability for negligence.

- C** Describe whether separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data? Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

#### **P** Risk/Benefit Discussion:

Discuss why the risks are reasonable when compared with expected benefits and importance of the knowledge from the project.

## **Appendix A**

### **Guidelines for Assessing Consumer and Family Participation**

Applicants should have experience or a demonstrated track record of involving mental health consumers and their family members. The applicant organization should have a documented history of positive programmatic involvement of recipients of mental health services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below:

Program Mission. An organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.

Program Planning. Consumers and family members are involved in substantial numbers in the conceptualization of initiatives, including identifying community needs, goals and objectives, and innovative approaches. This includes participation in grant application development, including budget submissions. Approaches should also incorporate peer support methods.

Training and Staffing. The staff of the organization should have substantive training in and be familiar with consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.

Informed Consent. Recipients of project services should be fully informed of the benefits and risks of services and allowed to make a voluntary decision, without threats or coercion, to receive or reject services at any time.

Rights Protection. Consumers and family members must be fully informed of all rights, including: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and nondiscrimination, confidentiality of health care information, complaints and appeals, and consumer responsibilities.

Program Administration, Governance, and Policy Determination. Consumers and family members should be hired in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Boards of Directors, Steering Committees, and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.

Program Evaluation. Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. This includes determining research questions, designing instruments, conducting surveys and other research methods, and analyzing data and determining



conclusions. This includes involving consumers and family members in all submissions of journal articles. Evaluation and research should also include consumer satisfaction and dissatisfaction measures.

## **Appendix B**

### **CMHS GPRA Client Outcome Measures for Discretionary Programs**

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client. To the extent that providers already obtain much of this information as part of their ongoing client intake or follow-up, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

## A. RECORD MANAGEMENT

Client ID

Contract/Grant ID

Grant Year    
Year

Interview Date   /   /

Interview Type 1. INTAKE 2. 6-month follow-up 3. 12-month follow-up

## B. DRUG AND ALCOHOL USE

- |           |  |   |
|-----------|--|---|
| <b>1.</b> | <b>During the past 30 days, how many days have you used the following?</b>   | <b>Number of Days</b>                     |
| a.        | Any alcohol  | <input type="text"/> <input type="text"/> |
| b.        | Alcohol to intoxication (5+ drinks in one sitting)   | <input type="text"/> <input type="text"/> |
| c.        | Illegal drugs  | <input type="text"/> <input type="text"/> |
| <b>2.</b> | <b>During the past 30 days, how many days have you used any of the following?</b>  | <b>Number of Days</b>                     |
| a.        | Cocaine/Crack  | <input type="text"/> <input type="text"/> |
| b.        | Marijuana/Hashish [Pot, Joints, Blunts, Chronic, Weed, Mary Jane]  | <input type="text"/> <input type="text"/> |
| c.        | Heroin [Smack, H, Junk, Skag], or other opiates  | <input type="text"/> <input type="text"/> |
| d.        | Nonprescription methadone  | <input type="text"/> <input type="text"/> |
| e.        | Hallucinogens/psychedelics, PCP [Angel Dust, Ozone, Wack, Rocket Fuel],<br>MDMA [Ecstasy, XTC, X, Adam], LSD [Acid, Boomers, Yellow<br>Sunshine], Mushrooms, Mescaline | <input type="text"/> <input type="text"/> |

- |    |   |       |
|----|---|-------|
| f. | Methamphetamine or other amphetamines [Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank]  | _ _ _ |
| g. | Benzodiazepines, barbiturates, other tranquilizers, downers, sedatives, or hypnotics [GHB, Grievous Bodily Harm, Georgia Home Boy, G, Liquid Ecstasy; Ketamine, Special K, K, Vitamin K, Cat Valiums; Rohypnol, Roofies, Roche] | _ _ _ |
| h. | Inhalants [Poppers, Snappers, Rush, Whippets]   | _ _ _ |
| i. | Other Drugs - Specify_____  | _ _ _ |

## C. FAMILY AND LIVING CONDITIONS

1. **In the past 30 days, where have you been living most of the time?**
  - " Shelter (safe havens, TLC, low-demand facilities, reception centers, other temporary day or evening facility)
  - " Street/outdoors (sidewalk, doorway, park, public, or abandoned building)
  - " Institution (hospital, nursing home, jail/prison)
  - " Housed (own or someone else's apartment, room, house, halfway house, residential treatment)
  
2. **During the past week, to what extent have you been experiencing difficulty in the area of: Managing day-to-day life (e.g., getting to places on time, handling money, making every day decisions)?**
  - " No difficulty
  - " A little difficulty
  - " Moderate difficulty
  - " Quite a bit of difficulty
  - " Extreme difficulty
  - " Don't know
  - " Not applicable
  - " Refused
  
3. **During the past week, to what extent have you been experiencing difficulty in the area of: Household responsibilities (e.g., shopping, cooking, laundry, keeping your room clean, other chores)?**
  - " No difficulty
  - " A little difficulty
  - " Moderate difficulty
  - " Quite a bit of difficulty
  - " Extreme difficulty

- " Don't know
- " Not applicable
- " Refused

**4. During the past week, to what extent have you been experiencing difficulty in the area of:  
Work (e.g., completing tasks, performance level, finding or keeping a job)?**

- " No difficulty
- " A little difficulty
- " Moderate difficulty
- " Quite a bit of difficulty
- " Extreme difficulty
- " Don't know
- " Not applicable
- " Refused

**5. During the past week, to what extent have you been experiencing difficulty in the area of:  
School (e.g., academic performance, completing assignments, attendance)?**

- " No difficulty
- " A little difficulty
- " Moderate difficulty
- " Quite a bit of difficulty
- " Extreme difficulty
- " Don't know
- " Not applicable
- " Refused

**6. During the past week, to what extent have you been experiencing difficulty in the area of:  
Leisure time or recreational activities?**

- " No difficulty
- " A little difficulty
- " Moderate difficulty
- " Quite a bit of difficulty
- " Extreme difficulty
- " Don't know
- " Not applicable
- " Refused

**7. During the past week, to what extent have you been experiencing difficulty in the area of:  
Developing independence or autonomy?**

- " No difficulty
- " A little difficulty
- " Moderate difficulty

- " Quite a bit of difficulty
- " Extreme difficulty
- " Don't know
- " Not applicable
- " Refused

**8. During the past week, to what extent have you been experiencing difficulty in the area of:**

**Apathy or lack of interest in things?**

- " No difficulty
- " A little difficulty
- " Moderate difficulty
- " Quite a bit of difficulty
- " Extreme difficulty
- " Don't know
- " Not applicable
- " Refused

**9. During the past week, to what extent have you been experiencing difficulty in the area of:**

**Confusion, concentration, or memory?**

- " No difficulty
- " A little difficulty
- " Moderate difficulty
- " Quite a bit of difficulty
- " Extreme difficulty
- " Don't know
- " Not applicable
- " Refused

**10. During the past week, to what extent have you been experiencing difficulty in the area of:**

**Feeling satisfaction with your life?**

- " No difficulty
- " A little difficulty
- " Moderate difficulty
- " Quite a bit of difficulty
- " Extreme difficulty
- " Don't know
- " Not applicable
- " Refused

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**D. EDUCATION, EMPLOYMENT, AND INCOME**

1. Are you currently enrolled in school or a job training program? [IF ENROLLED, is it full time or part time?]

" Not enrolled  
 " Enrolled, full time  
 " Enrolled, part time  
 " Other (specify)\_\_\_\_\_

2. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|\_|\_| level in years

- 2a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?

Yes No

3. Are you currently employed? [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work.]

" Employed full time (35+ hours per week, or would have been)  
 " Employed part time  
 " Unemployed, looking for work  
 " Unemployed, disabled  
 " Unemployed, volunteer work  
 " Unemployed, retired  
 " Other Specify\_\_\_\_\_

4. Approximately how much money did YOU receive (pre-tax individual income) in the past 30 days from...

		INCOME					
a. Wages?	\$				,		.00
b. Public assistance?	\$				,		.00
c. Retirement?	\$				,		.00
d. Disability?	\$				,		.00
e. Non-legal income?	\$				,		.00
f. Other_____							
____?							
(Specify)	\$				,		.00

## E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested? \_\_\_\_\_ times
2. In the past 30 days, how many times have you been arrested for drug-related offenses? \_\_\_\_\_ times
3. In the past 30 days, how many nights have you spent in jail/prison? \_\_\_\_\_ nights

## F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. How would you rate your overall health right now?

- " Excellent
- " Very good
- " Good
- " Fair
- " Poor

2. During the past 30 days, did you receive

### a. Inpatient Treatment for:

	No	Yes ±	If yes, altogether for how many nights? (DK=98)
i. Physical complaint?	/	/	_____
ii. Mental or emotional difficulties?	/	/	_____
iii. Alcohol or substance abuse?	/	/	_____

### b. Outpatient Treatment for:

	No	Yes ±	If yes, altogether how many times? (DK=98)
i. Physical complaint?	/	/	_____
ii. Mental or emotional difficulties?	/	/	_____
iii. Alcohol or substance abuse?	/	/	_____

### c. Emergency Room Treatment for:

	No	Yes ±	If yes, altogether for how many times? (DK=98)



- |                                       |   |   |       |
|---------------------------------------|---|---|-------|
| i. Physical complaint?                | / | / | _____ |
| ii. Mental or emotional difficulties? | / | / | _____ |
| iii. Alcohol or substance abuse?      | / | / | _____ |

## G. DEMOGRAPHICS (ASKED ONLY AT BASELINE)

### 1. Gender

- " Male
- " Female
- " Other (please specify) \_\_\_\_\_

### 2. Are you Hispanic or Latino?

- " Yes   " No

### 3. What is your race? (Select one or more)

- |   |                         |
|---|-------------------------|
| " Black or African American                 | " Alaska Native         |
| " Asian                                     | " White                 |
| " American Indian                           | " Other (Specify) _____ |
| " Native Hawaiian or other Pacific Islander |                         |

### 4. What is your date of birth?

|\_|\_|\_|\_| / |\_|\_|\_|\_| / |\_|\_|\_|\_|  
 Month / Day / Year

## **Appendix C**

### **Uniform Data System**